

Healthy Youth



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Reaching School Personnel Through Intensive Training and Professional Development

Public Health Problem

In 2002, youth ages 13-24 accounted for 11 percent (243 cases) of all newly diagnosed HIV cases and 4 percent (53 cases) of all newly diagnosed AIDS cases in Maryland. During the same year, there were 731 young people ages 13-24 living with HIV/AIDS throughout the state. In addition, there were 1,309 young adults ages 24-29 living with HIV/AIDS who likely began engaging in risky behaviors as adolescents that placed them at risk for HIV/AIDS.

Taking Action

The Maryland State Department of Education (MSDE) coordinates all comprehensive sexual education program components including HIV/AIDS, STDs, and teenage pregnancy prevention with the Maryland Department of Health/AIDS Administration's state-wide Community Planning Group (CPG). The involvement of the CPG ensures that feedback is received from a diverse group of community members from throughout the state on MSDE's workplan and future activities. MSDE also provides continuous updates to school personnel on newly published survey results through mailings or by posting information to Web sites.

The week-long "Positive Behavior Intervention Systems and Supports" (PBIS) conference was attended by more than 1,000 participants from more than 130 school-based teams. PBIS is a systems approach designed to enhance the capacity of schools to begin and to continue using effective practices for all students. It uses a team-based approach to problem solving and planning that focuses on determining the root causes of academic and health problems.

A second conference sponsored by the MSDE was the "No Counselor Left Behind" Conference, which provided information on HIV-prevention education programs that were shown to be effective at reaching high-risk youth. This one-day conference was attended by over 800 K-12 guidance counselors from all 24 school systems.

Implications and Impact

PBIS Conference as well as the "No Counselor Left Behind" Conference showed positive changes taking place after participants left the conference. As a result of attending the PBIS conference, a number of the school-based teams developed plans for improving their school environments. After implementing their plans, the schools self-reported less office referrals and an improved school climate. Follow-up site visits demonstrated an increase in positive behavioral interventions and an increase in the identification of students at risk for HIV infection. Similarly, attendance at the "No Counselor Left Behind" conference was followed by an increase in the services and programs offered to meet the needs of high-risk youth.

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Healthy Weight in Schools

Public Health Problem

Data from the 2003 Youth Risk Behavior Surveillance Study (YRBSS) indicated that, nationwide, 15.4 percent of students were at risk for becoming overweight and 13.5 percent of students were overweight. The most recent YRBSS data available from Michigan show that, in 2003, 13.8 percent of students were at risk for becoming overweight and 12.4 percent of students were overweight. Furthermore, 39.4 percent of Michigan students went to physical education (PE) classes on one or more days in an average week when they were in school, and 27.5 percent went to PE classes 5 days in an average week when they were in school. Even though the percentage of youth at risk for becoming overweight and those who were overweight in Michigan is less than the percentages seen nationwide, the rates for Michigan remain too high. Michigan also has one of the highest rates of overweight in the adult population.

Taking Action

The Michigan Model for Comprehensive School Health Education, a skills-based, sequential and comprehensive school health education curriculum, is being used voluntarily in 94 percent of Michigan's school districts. With funding from CDC, the Michigan Department of Education (MDE) increased its focus on promoting healthy weight in schools. They have partnered with the Michigan Department of Community Health (MDCH), the state Surgeon General, the United Dairy Industry of Michigan, Michigan Action for Healthy Kids and others to promote coordinated school health programs that focus on physical activity and health.

The MDCH has a Web site, www.mihealthtools.org, to help local schools complete an assessment using the Michigan Healthy Schools Action Tool (HSAT), which is a modified version of CDC's School Health Index.

Implications and Impact

Based on the systems put in place by the Michigan Department of Education and its partners, many significant changes have been implemented at the local school levels that affect physical activity and healthy eating. Some examples include: Altering a school's PE credit policy to eliminate the use of band or sport activities to meet physical education requirements; purchasing equipment and resources to enhance physical activity during recess time; adding healthy food options to the cafeteria offerings, vending machines and school activities; and offering nutrition lessons in K-5 classes. Finally, the MDE has passed state board of education policy to ensure schools create a supportive environment for healthy eating and physical activity, thus reinforcing the messages taught in the classroom.

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North Carolina

Schools Embrace Evidence-Based Making a Difference HIV Prevention Curriculum

Public Health Problem

In North Carolina, the 2003 Youth Risk Behavior Survey reported that 52.2 percent of high school students had ever had sexual intercourse. Of those students, 17.1 percent had had sex with four or more people. Also, in 2003, while just fewer than three percent of HIV disease reports were found among teenagers aged 13 to 19, the percentage increased to almost 12 percent of all cases when 20 to 24 year-olds were included. Additionally the rate for gonorrhea in 13 to 19 year-olds was 514.4 (per 100,000) and the rate for chlamydia in the same age group was 1327.3.

Taking Action

The North Carolina Department of Public Instruction, Healthy Schools Initiative funds the North Carolina Comprehensive School Health Training Center. The Center developed and provides training for Making a Difference, an evidence-based HIV-prevention curriculum. The curricula were aligned with the North Carolina Healthful Living Standard Course of Study and met the state basic education guidelines. During an eighteen month period starting in March of 2003, 31 of the 117 school systems in North Carolina participated in a two-day, Making a Difference Training. This represents 26 percent of the school systems in North Carolina. Fourteen of the school systems trained their entire middle school health teacher staff. Several school systems have received additional curricula training for their local boards of education, school administrators, and parents. An in-depth evaluation was conducted with one school system to look at implementation. Within three months of the spring training, 61 percent of the teachers had implemented the curriculum in their classrooms.

A research study of Making a Difference provided evidence that the curricula works. In the study, sixth and seventh grade African-American students were stratified by gender and age and randomly assigned to receive one of three, eight hour curricula. The participants who received the Making a Difference curricula were less likely than the control group to report having sexual intercourse in the three months after the intervention. The curriculum also delayed sexual experience among virgins. Adolescents who received Making a Difference believed more strongly that practicing abstinence would prevent pregnancy and AIDS.

Implications and Impact

A 2003 telephone survey of North Carolina parents of school-aged students found that 91.5 percent of parents surveyed supported teaching age-appropriate sexuality education in schools. Parents overwhelmingly supported including HIV/STD and teen pregnancy prevention as part of sexuality education. Through the implementation of the evidence-based HIV-prevention curricula, Making a Difference, North Carolina is meeting the expectations of its parents and preparing students to negotiate the pressures of having early sexual experiences, which could lead to HIV infection.

Contact Information

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Increasing Health Literacy and HIV Prevention to High-Risk Youth

Public Health Problem

According to the 2003 YRBS, 37 percent of Wisconsin's students in grades 9-12 had ever had sexual intercourse and 26 percent had had sexual intercourse within the past three months. Nine percent reported having had four or more sexual partners and 35 percent did not use a condom during their last sexual intercourse. Furthermore, as of June 30, 2004, there were 5,549 reported AIDS cases and 8,511 reported HIV cases in Wisconsin. Adolescents ages 13-19 accounted for 45 of the reported AIDS cases and 209 of the reported HIV cases.

Taking Action

The Wisconsin Department of Public Instruction (DPI) has utilized a variety of strategies to provide HIV prevention education to young people. These strategies consist of addressing the needs of high-risk youth, focusing on health literacy, involving the community and parents in prevention activities, and forming strong collaborations to address abstinence and sexual risk behaviors.

During 2003-2004, four groups of at-risk youth received focus: gay, lesbian, bisexual, and transgender (GLBT) youth; Native American youth; students attending alternative schools; and minority youth. A three-day peer education skills building event was attended by 70 GLBT youth and their advisors. Within the same time frame, a number of events were also held for the Native American community, including the HIV/AIDS and STI Youth conference, which was attended by 30 Native American youth and their adult advisors. Another training that focused on effective HIV-prevention instruction principles was provided to 15 alternative school staff. Training also was provided on two evidence-based HIV-prevention curricula to 67 staff from schools and minority community-based organizations.

Implications and Impact

The Wisconsin DPI has utilized these strategies to focus on high-risk youth ensuring that those youth most at risk for becoming infected with HIV receive accurate HIV-prevention education along with the skills needed to protect themselves. Targeting health literacy results in the effective use of resources by providing only those resources that are successfully designed for and understood by the intended audience. Promoting the involvement of the community and parents increases support for HIV-prevention education and also increases the number of sources from which young people will receive prevention messages. This type of collaboration effectively pools ideas and resources resulting in a more comprehensive approach to prevention.

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